

**ENROLLMENT FORM FOR STATE EMPLOYEES  
COMMONWEALTH OF VIRGINIA  
EMPLOYEE ELECTRONIC DATA INTERCHANGE PROGRAM**

☐ I wish to have my travel reimbursements and other Commonwealth payments, excluding payroll, directly deposited to my account at the financial institution shown below. **I agree to notify my Agency Employee EDI Coordinator immediately of any changes to the information so that payments to me are not disrupted.**

Name of Financial Institution \_\_\_\_\_

Branch (City and State) \_\_\_\_\_ Checking (C) \_\_\_\_\_ Savings (S) \_\_\_\_\_

I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment.

Please staple to the original form a Voided  
Check (Checking Account) or a Pre-Printed Deposit Slip (Savings Account) for your  
Financial institution and account.  
Make sure your name and correct address appear on the  
check or deposit slip.

Telephone Number (Work): (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Employee's Full Name

(You are not legally required to furnish the above information. However, this information is required if you wish to participate in the Employee EDI Program.)

Agency Name and Number \_\_\_\_\_

Agency EDI Employee Coordinator Name \_\_\_\_\_

Coordinator's Phone Number and E-mail \_\_\_\_\_

**DEPARTMENT OF ACCOUNTS USE ONLY:**

Function: ADD \_\_\_\_\_ DELETE \_\_\_\_\_ Agency # \_\_\_\_\_

Keyed by \_\_\_\_\_ Date \_\_\_\_\_ Reviewed by \_\_\_\_\_ Date \_\_\_\_\_